Vaccination Problems
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Vaccine – the cuckoo in the medical armoury?

Vaccination began with Edward Jenner (1749 – 1823), a Gloucestershire country doctor, part-time naturalist and fossil-collector, in 1796. Jenner took fluid from a cowpox vesicle (from an infected milkmaid called Sarah Nelms, who had milked a cow-pox-infected cow called Blossom). He inoculated this into a boy called James Phipps, whom he subsequently intentionally challenged with smallpox. The boy survived, with only mild illness. The findings were published in 1797. Edward, James, Sarah and Blossom stepped into history. However, controversy has dogged vaccination ever since. Jenner's findings were at first vehemently rejected by the establishment of the day (does that have a familiar ring to it?). Eventually, the ideas were accepted by the establishment and vaccination against smallpox became widespread. However, both Jenner's son (Edward Jenner junior, also inoculated, at 11 months of age) and Phipps died in their early 20s, from vaccine-related tuberculosis and Edward jnr. had apparently been of rather deficient wit from childhood.

Five-year-old John Baker, one of Jenner's early 'guinea pigs', died shortly after vaccination. A woman vaccinated by Jenner in pregnancy sensed no further foetal movement from the twenty-third day after vaccination. Twelve days later, she gave birth to a stillborn child, whose skin was covered with pox-like blisters.

Edward Jenner's own integrity, in recording and publishing these results has been questioned. Also, he was not the first to connect cowpox and smallpox and others before him (e.g. Benjamin Jesty) had protected against smallpox with cowpox inoculation. However, he did tirelessly promote the practice and suffered the ridicule, seemingly at his own expense. He did not patent the method.

Marcella Gruelle, 13 (daughter of Johnny Gruelle, the creator of '*Raggedy Ann*' book and doll) lost her life in 1915, because she was given a second inoculation by her school (without parental permission), as the first didn't 'take'. This tends to confirm Burnett's astute observations, outlined below.

Problems following smallpox vaccination were rife, although little public acknowledgement of this was given. Dr J Compton Burnett (1840 – 1901) made a great study of the treatment of the myriad of symptoms and disease arising from vaccination, which he dubbed 'vaccinosis'.

He advised that those who showed a 'take' at the site of injection were less prone to deeper ill-effects of vaccination. The name 'vaccine' comes from the Latin for cow: *vacca*. The terms vaccine and vaccinosis therefore strictly applied to the application of cowpox inoculation against smallpox. The remedies recommended by Burnett (particularly *Thuja*) therefore properly apply to the ill effects of smallpox vaccination. As with the word 'vaccine', which is now applied to inoculations of all types used to prevent a wide variety of diseases, so the word 'vaccinosis' has slipped into common usage, to cover adverse effects from all those products. Care must therefore be taken in extrapolating Burnett's work to all vaccination problems of the twenty-first century (*Vaccinosis and its Cure by Thuja: with Remarks on Homeoprophylaxis*). A great many different homeopathic medicines are now used to try to resolve the problems of modern vaccinations.

Sweeping claims for the efficacy of vaccination have been questioned, ever since the claimed success of smallpox vaccination in annihilating smallpox. Scientific scrutiny shows us that other factors (e.g. hygiene, standard of living, diet etc.) could well be better candidates for the cause of the decline.

Coming to the 21st Century and our dogs, horses and cats, in the veterinary field, what is the situation? Vaccination appears to be the 'holy cow' (ironic terminology, in view of the derivation of the word vaccine) of modern preventive medicine. It is rarely if ever questioned by the establishment and by veterinary or medical professionals. This is, of itself, a potentially dangerous state of affairs. All things should be questioned and reviewed and not allowed to become 'routine, 'taken for granted' or part of the wallpaper of life.

At the **AVMC**, we have observed that, when the precise start date of a chronic illness can be established (which is in by no means every case), that start date is within three months of a vaccination event, in about 80% of cases. When it is considered that most of these chronic diseases arise from a disturbance of immune function, and vaccination is designed to disturb immune function, it is not too difficult to make a possible link.

These chronic diseases include auto-immune disorders. It is not too hard to make a tenuous link in this case, either, since animal tissues are carried in many vaccinations. Injecting foreign tissues in combination with antigenic material is not unlikely to cause confusion in the recipient, as to what constitutes friend and what constitutes foe.

Cancer is on the increase, in man and animals. Cell cultures (single cell lines), as used in the manufacture of some vaccines, may theoretically have a part to play in the aetiology of cancer. Cell cultures, used in the laboratory to culture vaccines, are rendered 'immortal' in their development, using hybridisation of normal cells (e.g. mouse spleen cells, mouse kidney cells) with 'immortal' tumour cells. This means that the cell cultures may not be subject to the body's usual programmed growth, death and decay cycle (senescence and apoptosis) and could theoretically break out of hierarchical control. The DNA contained in the vaccine from these cultures could be cancer-forming in itself, via expression of dominant activated oncogenes that could exert their effect following expression in recipient cells. Alternatively, theoretically they may integrate with the host genome, to form a cancer phenotype. This risk seems to be playing with genetic fire. Increasing cancer incidence (in dogs and humans) may not be so inexplicable, if this were indeed to be the case. In the U.S.A., 50% of dogs that pass three years-old contract cancer. At the very least, the fear of vaccine-related sarcoma at the site of injection (U.S. cat vaccines) is very real, from whatever aetiological mechanism.

These cell cultures may also play a part in triggering auto-immunity or degenerative diseases, when injected into the body. This possibility has been hotly disputed by manufacturers, however, whenever I have raised it in discussion. Could it be that the very prevalent feline kidney problems (CRF), a frequently encountered condition, might originate in such a process?

As if animal tissues (including DNA) and what are possibly 'immortal' cells were not enough, other materials that may be included in vaccines are toxic metals (e.g. aluminium, mercury), toxic substances (e.g. formaldehyde, phenol, methanol, isopropylalcohol), possible stray pathogens, the possibility of prion contamination and other unknown ingredients (manufacturer's right to secrecy). It is often said that the dose of a vaccine (antigenic material) has to be the same for a Chihuahua or a Great Dane, in order to trigger an effective immune response. However, these 'other ingredients' are dose-related and will be likely to do more harm in a smaller animal.

In the UK, there is a reporting system for suspect adverse reactions, called the SARSS or **S**uspect **A**dverse **R**eaction **S**urveillance **S**cheme. Sadly, it is only voluntary, so many immediate post-vaccination reactions are not reported by vets on form MLA252A, let alone the more serious and more difficult-to-recognise long-term reactions. Vaccine reactions are thus often 'filtered' at source, rather than being reported, perhaps because vets are unsure, although it is only a scheme for reporting **suspect** reactions i.e. there is no need to be certain that a reaction has taken place. Data are not being forwarded, so no record is made and no pattern can be determined. It would appear, therefore, that vaccination is a massive experiment, without proper monitoring.

Vaccines have come a long way from Jenner's day. However, I am unable to think of Jenner and vaccination without also pondering on his other pioneering work, on the life-cycle of the **cuckoo**……

If vaccination does indeed cause disease, is it the actual cause or simply a trigger of latent disease or disease tendency. Either could apply, in different cases.

Some chronic diseases which **may possibly** be caused by vaccination, triggered by vaccination, more or less directly connected to vaccination or exacerbated by vaccination are listed below, species by species. It should be borne in mind, when reading this list, that the data sheets of all vaccination products state that '***only healthy animals should be vaccinated***'. Sadly, that warning is rarely observed in practice and ill animals are commonly injected. This is a misuse of vaccination. It stands to reason that only a Herculean immune system can successfully withstand the multiple challenges presented by modern animal vaccination. An ill animal is likely to be pushed further into illness.

Dogs: autoimmune disorders, various forms of cancer, CDRM, autoimmune haemolytic anaemia, canine epilepsy, colitis/IBD, dry eye (kerato-conjunctivitis sicca), interdigital cysts, atopy, allergy, behavioural aberrations, familial cutaneous vasculitis (familial cutaneous vasculopathy), developmental disease (e.g. syringomyelia, hip dysplasia), heart valve disease, cardiomyopathy, juvenile pyoderma (head gland disease), cushings disease, diabetes, fading puppy syndrome, pancreatic insufficiency, thyroid problems, diabetes, temporal myositis, eosinophilic myositis, lupus, warts, pemphigus, leukaemia and lymphadenopathies,

Horses: allergies, autoimmune disorders, head shaking, bleeders, chronic diarrhoea, COPD, mud fever, sweet itch, laminitis (we have even heard strongly supported reports of fatal

laminitis following vaccination), nodular skin disease, periodic ophthalmia (moonblindness), sarcoids, urticaria and warts.

Cats: allergies, asthma, autoimmune disorders, various cancers, chronic upper respiratory tract (URT) disease, eosinophilic lesions, alopecia, skin disorders, thyroid problems, rodent ulcer and kidney disease. The prevalence of chronic kidney disease in cats may be explained by the use of kidney cell cultures in the manufacture of vaccines. The devastating epizootic of Key Gaskell syndrome (feline dysautonomia), in the 80s, was never adequately explained, although it may have been the result of contamination of dry food, by *Clostridium botulinum*. Its widespread sudden appearance suggested that it was the result of some form of human intervention, via manufactured materials.

One phenomenon that is becoming apparent is that various health problems, hitherto considered as hereditary or genetic in origin as a result of breed predispositions, may be influenced by vaccination. Specifically flawed breeding stock can apparently give rise to healthy stock, after **three** generations, if vaccines are not given. This information is only emerging, as more dogs are being left unvaccinated.

What is clear to me is that vaccination decisions are now no longer to be made solely on the criterion of the desire to prevent infectious diseases. A great many other health and welfare factors must be taken into account. For my own part, I do not vaccinate my cats, dogs, horses or child. I rely on 'alternative' technology (homeopathy, homeoprophylaxis and nosodes), which has not let me down over at least a twenty year period.

Further reading:

http://www.dlrm.org/speeches/sp2.htm
http://www.vaclib.org/basic/crusade.htm (with some theological points as well)
http://lyghtforce.com/HomeopathyOnline/Issue2/voice1.html
http://www.zephyrus.co.uk/edwardjenner.html
http://www.bbc.co.uk/history/historic_figures/jenner_edward.shtml
http://www.historylearningsite.co.uk/edward_jenner.htm
http://en.wikipedia.org/wiki/Edward_Jenner
http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1200696
http://jerrymondo.tripod.com/ocot/id4.html
http://sec.edgar-online.com/2004/02/05/0001050502-04-000044/Section2.asp
http://www.bionewsonline.com/v/1/cell_culture_a.htm
http://www.roche.com/rochea_z_e.pdf
http://www.ecdo.eu/PDF_word%20documents/Abstractbook_A4_SzG_050923_final.pdf
http://www.cvmbs.colostate.edu/insight/2004/fall2004/cats.htm

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Footnote:
The Animal Health Trust (AHT) at Newmarket conducted an extensive survey, called 'P.O.O.C.H.'*. This failed to make the same finding of post-vaccinal coincidence that we have observed at the **AVMC** and is often cited in defence of vaccine and to repudiate concerns. This is not the paradox it may seem. The survey was by questionnaire. Dogs that had died in the three months following vaccination (especially the first vaccination) would not have been included, inevitably. Healthy animals featured in the study, whereas the **AVMC** was only observing ill animals. Furthermore, incidence of new disease or changes in

ongoing disease were noted, instead of looking at when an ongoing chronic disease first started. Only in the latter way could comparable results have been obtained. The collection of real data, of this nature, is an extremely painstaking process, requiring lengthy interviews with the owners, **before** the dates of vaccination are checked (to prevent premature conclusions being drawn). Cases in which a precise start date cannot be defined must be excluded. Only in this way can properly objective, unbiased and meaningful data be extracted from case studies. Without a painstaking study of the veterinary clinical records for each patient (whence came the **AVMC** data), the P.O.O.C.H. study could not fail to miss the problems we have highlighted and does not counter our findings, as claimed**. Sadly, no approach was made to ask how our work was performed, prior to conducting the P.O.O.C.H study.

*"*Vaccination and ill health in dogs: A lack of temporal association and evidence of equivalence"*, D.S. Edwards, W.E. Henley, E.R. Ely, J.L.N. Wood, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, UK, CB8 7UU

The findings of the **AVMC are that approximately 80% of chronic disease, when a start date can be accurately defined, start within three months of a vaccination event. A quoted summary of P.O.O.C.H. states: *the results demonstrated that recent vaccination (within a period of 3 months) did not increase the signs of ill-health by more than 0.5% and could well actually decrease them by almost 5%*. These studies appear to be in no way comparable but we have not seen the AHT questionnaire. It would be good to have funding for a survey that properly explores the **AVMC**'s findings.

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